

FORMS REQUEST-CHILDRENS FACILITIES ONLY

SPECIFY # OF FORMS NEEDED		FORM NUMBER AND TITLE		STATE USE ONLY	MAILING INSTRUCTIONS <i>Mail original and one copy to:</i>
E	S				
		LIC 183	Forms Request (Children Facilities Only)		CDSS Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788
		LIC 198	Child Abuse Index Check (For County Licensed Facilities Only)		
		LIC 198A	Child Abuse Index Check (For State Licensed Facilities Only)		
		LIC 282	Affidavit Regarding Liability Insurance for Family Child Care Home		PROCESS CODE KEY
		LIC 308	Designation of Administrative Responsibility		
		LIC 309	Administrative Organization		
		LIC 400	Affidavit Regarding Client/Resident Cash Resources		D — Cannot Identify
		LIC 405	Record of Client's/Resident's Safeguarded Cash Resources		E — Should not have been on this request
		LIC 424	Accounting Record for Change of Licensee		F — Not supplied in warehouse
		LIC 500	Personnel Report		G — Stock low, Reorder when needed
		LIC 501	Personnel Record		H — Item obsolete
		LIC 503	Health Screening Report - Facility Personnel		I — Out of stock - reorder in 30 days
		LIC 507	Facilities Staff Work Schedule		*Call licensing agency for ordering instructions.
		LIC 508	Criminal Record Statement		DATE RECEIVED
		LIC 601	Identification and Emergency Information		FILLED B Y DATE
		LIC 602	Physician's Report For Community Care Facilities		PACKAGED BY DATE
		LIC 603	Preplacement Appraisal Information		PIECES WEIGHT
		LIC 604	Admission Agreement Guide-Residential Facilities		VIA: B/L
		LIC 605A	Release of Client/Resident Medical Information		DATE: BY
		LIC 610	Emergency Disaster Plan for RCFE, CCF and CCC		
		LIC 610A	Emergency Disaster Plan for FFH and FCC Homes		
		LIC 613A	Personal Rights - Child Care Facilities		
		LIC 618	Client Weight Record		
		LIC 621	Client/Resident Personal Property and Valuables		
		LIC 622	Centrally Stored Medication and Destruction Record		
		LIC 624	Unusual Incident/Injury Report		
		LIC 624A	Death Report		
		LIC 625	Appraisal/Needs and Services Plan		
		LIC 627	Consent for Medical Treatment		
		LIC 627A	Consent to a Medical Examination		
		LIC 700	Identification and Emergency Information Child Care Centers		
		LIC 701	Physicians Report-Child Care Centers		
		LIC 702	Child's Preadmission Health History-Parent's Report		
		LIC 995	Parents Rights		
		LIC 9020	Roster of Facility Clients/Residents		
		LIC 9040	Child Care Facility Roster		
		LIC 9052	NOTICE Employee's rights		
		LIC 9054	Local Fire Inspection Authority Information Required by DSS		
		LIC 9058	Applicant/Licensee Rights and Appeal Procedure		
		LIC 9060	Resident Theft and Loss Record		
		LIC 9108	Statement Acknowledging Requirement to Report Suspected Child Abuse		
		BID 7A	Fingerprint Card (For County Licensed Facilities Only)		
		BID 7A	Instructions (For County Licensed Facilities Only)		
		BID 7B	Fingerprint Card (For State Licensed Facilities Only)		
		BID 7B	Instructions (For State Licensed Facilities Only)		
		PUB 72	Family Child Care - What Are Parents Responsibilities		
		PUB 326	Facts You Need to Know, Group Home Board of Directors (Contains LIC 9165- Board of Directors Statement)		

PLEASE PROVIDE YOUR STREET MAILING ADDRESS BELOW DO NOT USE POST OFFICE BOX

CDSS Warehouse
P.O. Box 980788
West Sacramento, California 95798-0788

TO _____	
Facility Name	

Facility Address	

City _____	State _____ Zip _____
Check One	
Licensed By: <input type="checkbox"/> STATE	<input type="checkbox"/> COUNTY

Date _____

Contains printed matter, may be
opened for postal inspection.
Return postage guaranteed